

**Columbia County Building Permit Application
Re-Roof's, Roof Repairs, Roof Over's**

For Office Use Only Application # 169335 Date Received _____ By _____ Permit # 52300

Plans Examiner _____ Date _____ ☐ NOC ☐ Deed or PA ☐ Contractor Letter of Auth. ☐ F W Comp. letter
☐ Product Approval Form ☐ Sub VF Form ☐ Owner POA ☐ Corporation Doc's and/or Letter of Auth.

Comments _____

FAX _____

Applicant (Who will sign/pickup the permit) Jamie Cray **Phone** 386-324-1459

Address 220 SW Mercury Lane, Lake City, FL 32024

Owners Name Jamie Cray **Phone** _____

911 Address 655 SW Pinemount Rd. L.C. FL 32024

Contractors Name _____ **Phone** _____

Address _____

Contact Email JamieCray1896@gmail.com ***Updates will be sent here

FeeSimple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

MortgageLenders Name & Address _____

Property ID Number _____

Subdivision Name _____ **Lot** _____ **Block** _____ **Unit** _____ **Phase** _____

Construction of (circle) Replacement-Tear off Existing and Replace; Overlay with Metal; Recover-New Material over

Existing; Partial Roof Repairs or Other _____

Ventilation: (circle) Ridge Vent; Off ridge vent; Powered Vent; Unvented

Flashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-Flashing

Drip Edge: (circle) Use Existing; Repair Existing; Replace All

Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface

Cost of Construction _____ ☐ Commercial OR ☐ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) _____

Roof Area (For this Job) SQ FT _____

Roof Pitch 3 /12, 3 /12 **Number of Stories** 1 **Is the existing roof being removed** _____ **If NO**

Explain Layover

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) _____ Revised 12/2023